

Cal Grant Appeal Form

If you were **disqualified** for a Cal Grant and you feel this was in error, you may be able to submit an appeal, depending on the reason. Using this appeal form, please mark the appropriate boxes below identifying both the action you are requesting and the reason for your appeal. Also, provide a detailed, written explanation and submit supporting documentation to substantiate your appeal. Submit only photocopies of supporting documentation. Do not submit original supporting documents. Mail your completed Cal Grant Appeal Form to the California Student Aid Commission, P.O. Box 419027, Rancho Cordova, CA 95741-9027.

- **Incorrect Information:** If you believe you were denied a Cal Grant award due to an error or incorrect information, please use the **Application Correction Form (G-23)** to correct the error and return it to CSAC as soon as possible for priority processing. This form is available on-line at <http://www.csac.ca.gov/doc.asp?id=80>.
- **Financial Information or Dependency Status:** CSAC will not take action on **financial information changes** or **decisions regarding your dependency status**. If you believe the financial information reported on your Free Application for Federal Student Aid (FAFSA) is incorrect or your dependency status should be re-evaluated, contact your school financial aid office. CSAC will only accept financial corrections or changes to your dependency status submitted directly from your school.
- **Federal or School-Based Financial Aid:** CSAC does not review or revise any federal or school-based financial aid. Contact your school's financial aid office regarding other financial aid. Questions regarding student loan(s) must be directed to your school or lender, whichever is applicable.
- **Competitive Cal Grant Awards:** If you received a Competitive Cal Grant award disqualification notice and you are not a current high school senior or recent graduate, you will need to reapply next year. Due to the limited amount of awards available, CSAC does not accept appeals from new Competitive applicants who were denied an award **unless an administrative error has been made by CSAC and you have supporting documentation to substantiate your appeal**.

Your Name:		CSAC ID:	
Address:		Date of Birth:	
City:		Daytime Telephone Number:	
State:	Zip Code:	E-Mail Address:	

REQUESTED ACTION AND REASON FOR APPEAL

Please check the requested action to be taken:

- ☐ *Additional Leave of Absence*
- ☐ *Award Reevaluation*
- ☐ *Reinstatement Request*
- ☐ *Third Year CC Reserve (reason must be beyond the control of the student)*
- ☐ *Other:* _____

Please check the reason for your appeal:

- ☐ *Medical*
- ☐ *Disaster (examples: fire, flood, terrorism, epidemic, or other similar calamity that the Governor determines presents a threat to public safety)*
- ☐ *Death in the Family*
- ☐ *Personal Hardship*
- ☐ *Financial Hardship*
- ☐ *Other:* _____

Please provide a detailed explanation addressing your reason for appeal (attach additional sheets if necessary):

With my signature, I certify under penalty of perjury that the information I have provided for this appeal is true and accurate.

Student Signature

Date

For Office Use Only

Processed Date: ____/____/____

Notes:
